| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF OHIO | - | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: | Identify Yourself | | |
|----|--------------------|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | Writ | e the name that is on | Arlene | |
| | pictu | government-issued ure identification (for mple, your driver's | First name | First name |
| | licer | ise or passport). | Middle name | Middle name |
| | Brin | g your picture | Chrstlieb | |
| | iden mee | tification to your ting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | | other names you have | | |
| | | d in the last 8 years | | |
| | | ide your married or den names. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security aber or federal vidual Taxpayer tification number | xxx-xx-2972 | |

| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | - | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 225 College Street | | If Debtor 2 lives at a different address: |
| | | West Farmington, OH 44491 Number, Street, City, State & ZIP Code | - | Number, Street, City, State & ZIP Code |
| | | Trumbull | _ | O |
| | | County | | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | P.O. Box 86 West Farmington, OH 44491 | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | - | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing | Check one: | | Check one: |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | | |

| Deb | otor 1 | Arlene Chrstlieb | | | | Case number (if known) | |
|-----|-------------------------|---|-------------------------------|---|--|--|------------------------------------|
| | | | | | | | |
| Par | t 2: | Tell the Court About | our Bankruptcy | Case | | | |
| 7. | Bank | chapter of the cruptcy Code you are | | | each, see <i>Notice Required by</i> age 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for e box. | r Bankruptcy |
| | choo | sing to file under | ☐ Chapter 7 | | | | |
| | | | ☐ Chapter 11 | | | | |
| | | | ☐ Chapter 12 | | | | |
| | | | Chapter 13 | | | | |
| 8. | How | you will pay the fee | ■ I will pay t | he entire fee when | I file my petition Please chec | k with the clerk's office in your local court f | for more details |
| | | , ou pu,o .oo | about how | you may pay. Typica ur attorney is submit | ally, if you are paying the fee yo | urself, you may pay with cash, cashier's calf, your attorney may pay with a credit car | heck, or money |
| | | | | ay the fee in install Fee in Installments (| | on, sign and attach the Application for Indiv | iduals to Pay |
| | | | but is not re applies to y | equired to, waive you your family size and y | ur fee, and may do so only if yo you are unable to pay the fee ir | n only if you are filing for Chapter 7. By law ur income is less than 150% of the official n installments). If you choose this option, y | poverty line that ou must fill out |
| | | | те Аррііса | uon to have the Cha | apter 7 Filling Fee Walved (Offic | ial Form 103B) and file it with your petitior | 1. |
| 9. | | you filed for ruptcy within the | ■ No. | | | | |
| | | years? | ☐ Yes. | | | | |
| | | | Distric | et | When | Case number | |
| | | | Distric | :t | When | Case number | |
| | | | Distric | et | When | Case number | |
| 10. | | any bankruptcy | ■ No | | | | |
| | filed not fi you, | s pending or being by a spouse who is iling this case with or by a business er, or by an ate? | ☐ Yes. | | | | |
| | | | Debto | r | | Relationship to you | |
| | | | Distric | et | When | Case number, if known | |
| | | | Debto | r | | Relationship to you | |
| | | | Distric | et | When | Case number, if known | |
| 11. | | ou rent your | ■ No. Go to | o line 12. | | | |
| | resid | ence? | ☐ Yes. Has | your landlord obtaine | ed an eviction judgment agains | t you? | |
| | | | | No. Go to line 12. | | | |
| | | | _ | Yes. Fill out <i>Initia</i> this bankruptcy p | | Judgment Against You (Form 101A) and fil | e it as part of |
| | | | | | | | |

| eb | tor 1 Arlene Chrstlieb | | | | Case number (if known) |
|-----|---|-----------------------|--------------|---|--|
| | | | | | |
| art | 3: Report About Any Bu | ısinesses | You Owi | n as a Sole Proprie | tor |
| 2. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | e and location of bus | siness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | e of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numl | per, Street, City, Sta | te & ZIP Code |
| | it to this petition. | | Chec | k the appropriate bo | ox to describe your business: |
| | | | | Health Care Busir | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as d | lefined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | e |
| 3. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | s. If you ii | ndicate that you are low statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am | not filing under Chap | oter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am t | • | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| | | | | | |
| | <u> </u> | | y Hazardo | ous Property or An | y Property That Needs Immediate Attention |
| 4. | Do you own or have any property that poses or is alleged to pose a threat of imminent and | ■ No. □ Yes. | What is | the hazard? | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs | | | s the property? | |
| | urgent repairs? | | | | Number, Street, City, State & Zip Code |
| | | | | | |
| | | | | | |
| | | | | | |

Debtor 1 Arlene Chrstlieb

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 Arlene Chrstlieb | | | Case number (if k | rnown) |
|-----|---|-----------------------|--|---|--|
| Par | 6: Answer These Quest | ions for R | eporting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consur individual primarily for a personal, | mer debts? Consumer debts are defined family, or household purpose." | in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | ss debts? Business debts are debts that nt or through the operation of the business | |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you owe th | at are not consumer debts or business de | ebts |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. Go | o to line 18. | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | | u estimate that after any exempt property e to distribute to unsecured creditors? | is excluded and administrative expenses |
| | administrative expenses | | □ No | | |
| | are paid that funds will be available for distribution to unsecured | | ☐ Yes | | |
| | creditors? | | | | |
| 18. | How many Creditors do | ■ 1-49 | | □ 1,000-5,000 | ☐ 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 | | □ 5001-10,000 □ 10,001,05,000 | 50,001-100,000 |
| | | ☐ 100-1 ☐ 200-9 | | 10,001-25,000 | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$ | 550,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 001 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion |
| | | | ,001 - \$500,000 ,001 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20. | How much do you | \$ 0 - \$ | 550,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion |
| | | | ,001 - \$500,000 ,001 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Par | :7: Sign Below | | | | |
| For | you | I have ex | camined this petition, and I declare o | under penalty of perjury that the information | on provided is true and correct. |
| | | If I have United S | chosen to file under Chapter 7, I am tates Code. I understand the relief a | n aware that I may proceed, if eligible, und available under each chapter, and I choos | er Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7. |
| | | | rney represents me and I did not pa nt, I have obtained and read the noti | ay or agree to pay someone who is not an ice required by 11 U.S.C. § 342(b). | attorney to help me fill out this |
| | | I request | relief in accordance with the chapte | er of title 11, United States Code, specified | d in this petition. |
| | | bankrupt and 357 | tcy case can result in fines up to \$25 1. | cealing property, or obtaining money or pro 50,000, or imprisonment for up to 20 years | |
| | | Arlene | ne Chrstlieb Chrstlieb e of Debtor 1 | Signature of Debtor 2 | |
| | | Executed | d on June 4, 2019 | Executed on | |
| | | | MM / DD / YYYY | MM / DI | D / YYYY |

| Debtor 1 A | rlene Chrstlieb | Case number (if known) | |
|------------|-----------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Eric J Ashman | Date J | lune 4, 2019 |
|--|---------------|----------------|
| Signature of Attorney for Debtor | N | MM / DD / YYYY |
| Eric J Ashman | | |
| Printed name | | |
| Rauser & Associates | | |
| Firm name | | |
| 26 Market Street, Suite 1001 | | |
| Youngstown, OH 44503 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 330-746-7427 | Email address | |
| 0077386 OH | | |
| Bar number & State | | _ |

| Fill | in this information | to identify your | case: | | | |
|---------------|---|-------------------------------------|--|--|---------------|---|
| | | ene Chrstlieb | | | | |
| Deb | First I | Name | Middle Name | Last Name | | |
| | use if, filing) First I | Name | Middle Name | Last Name | | |
| Uni | ed States Bankruptc | y Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Cas (if kn | e number | | | | □ Chec | k if this is an |
| | | | | | _ | ded filing |
| | | | | | | |
| | icial Form 1 | - | | | | |
| | | | | nd Certain Statistical Information are filing together, both are equally responsible | | 12/15 |
| info | mation. Fill out all | of your schedule | es first; then complete th | ne information on this form. If you are filing amer the box at the top of this page. | | |
| Par | | | iew Summary and chec | k the box at the top of this page. | | |
| rai | Summarize i | oui Assets | | | Your a | aceta. |
| | | | | | | of what you own |
| 1. | Schedule A/B: Pro | perty (Official Fo | orm 106A/B) | | \$ | 90,000.00 |
| | | | | | | 4,950.00 |
| | | | | | | 94,950.00 |
| Par | 2: Summarize V | our Liabilities | | | · | , |
| i ui | Z. Cummunze i | our Elabilities | | | Your li | abilities |
| | | | | | | t you owe |
| 2. | | | aims Secured by Property nn A, <i>Amount of claim,</i> at | (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D.</i> | \$ | 41,000.00 |
| 3. | Schedule E/F: Cred 3a. Copy the total of | litors Who Have o | Unsecured Claims (Official) 1 (priority unsecured clain | ll Form 106E/F) ns) from line 6e of <i>Schedule E/F</i> | . \$ | 0.00 |
| | 3b. Copy the total of | claims from Part 2 | 2 (nonpriority unsecured o | elaims) from line 6j of Schedule E/F | \$ | 3,836.00 |
| | | | | Your total liabilitie | \$ \$ | 44,836.00 |
| | | | | rour total nasimile | .5 | 44,030.00 |
| Par | 3: Summarize Y | our Income and | Expenses | | | |
| 4. | Schedule I: Your In Copy your combine | | | ÷ I | \$ | 1,896.00 |
| 5. | Schedule J: Your E Copy your monthly | xpenses (Official expenses from lin | Form 106J) ne 22c of Schedule J | | \$ | 1,741.00 |
| Par | 4: Answer Thes | e Questions for | Administrative and Stat | istical Records | | |
| 6. | | | er Chapters 7, 11, or 13? on this part of the form. C | heck this box and submit this form to the court with y | our other sc | hedules. |
| 7. | YesWhat kind of debt | do you have? | | | | |
| | | | | debts are those "incurred by an individual primarily for grant of the statistical purposes. 28 U.S.C. § 159. | or a personal | , family, or |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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page 1 of 2

Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,058.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clain | 1 |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Debtor 1 | Arlene C | Chrstlieb | | | |
|-------------------------------|--|-----------------------------|---|---|--|
| | First Name | | lle Name Last Name | | |
| Debtor 2 Spouse, if filing | g) First Name | Midd | lle Name Last Name | | |
| Inited State | es Bankruptcy Cou | rt for the: NORTHE | RN DISTRICT OF OHIO | | |
| Case numb | er | | | | ☐ Check if this is ar amended filing |
| Official | Form 106 | 4/B | | | |
| Sched | dule A/B: | Property | | | 12/15 |
| □ No. Go | | or equitable interest in | any residence, building, land, or similar property? | | |
| | | | | | |
| | College Street | | What is the property? Check all that apply | | |
| | College Street ddress, if available, or oth | er description | What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any sec | d claims or exemptions. Put sured claims on Schedule D: Claims Secured by Property. |
| 225 C Street ac | ddress, if available, or oth | DH 44491-0000 tate ZIP Code | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | the amount of any sec Creditors Who Have C Current value of the entire property? | cured claims on Schedule D: Claims Secured by Property. Current value of the portion you own? |
| 225 C Street ac | ddress, if available, or oth | DH 44491-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | the amount of any sec Creditors Who Have C Current value of the entire property? \$90,000.00 Describe the nature (such as fee simple, | Current value of the portion you own? 9 \$90,000.00 of your ownership interest tenancy by the entireties, or |
| 225 C Street ac | ddress, if available, or oth | DH 44491-0000 | ■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare | the amount of any sec Creditors Who Have C Current value of the entire property? \$90,000.00 | Current value of the portion you own? 9 \$90,000.00 of your ownership interest tenancy by the entireties, or |
| West City | Farmington | DH 44491-0000 | ■ Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one | the amount of any sec Creditors Who Have C Current value of the entire property? \$90,000.00 Describe the nature (such as fee simple, | Current value of the portion you own? 9 \$90,000.00 of your ownership interest tenancy by the entireties, or |
| West City | Farmington | DH 44491-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only | the amount of any sec Creditors Who Have Comment value of the entire property? \$90,000.00 Describe the nature (such as fee simple, a life estate), if known | Current value of the portion you own? Secured by Property. Current value of the portion you own? Secured by Property. |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| De | btor 1 🔼 | rlene Chrstlieb | | Case number (if known) | | | |
|---|--|---|--|--|---|--|--|
| 3. C | Cars, vans, | trucks, tractors, sport u | tility vehicles, motorcycles | | | | |
| г |] No | | | | | | |
| _ | ■ Yes | | | | | | |
| - | • res | | | | | | |
| 3. | 1 Make: | Chevrolet | Who has an interest in the property? Check one | Do not deduct secu | ured claims or exemptions. Put | | |
| ٥. | Model: | Cavalier | | | secured claims on Schedule D: ve Claims Secured by Property. | | |
| | Year: | 2001 | Debtor 1 only Debtor 2 only | | | | |
| | | nate mileage: | Debtor 1 and Debtor 2 only | Current value of t entire property? | he Current value of the portion you own? | | |
| | Other inf | formation: | ☐ At least one of the debtors and another | | | | |
| | | | Check if this is community property (see instructions) | \$850 | .00 \$850.00 | | |
| E □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | No No Yes Add the dopages you | olar value of the portion have attached for Part 2 | ATVs and other recreational vehicles, other vehicles, conal watercraft, fishing vessels, snowmobiles, motorcycles, snowmobiles, snowmobiles, motorcycles, snowmobiles, snowmob | ele accessories | \$850.00 | | |
| Par | t 3: Descri | be Your Personal and Hous | sehold Items | | | | |
| Do | you own o | or have any legal or equit | table interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | |
| | | goods and furnishings | e, linens, china, kitchenware | | | | |
| _ | <i>Examples.</i> □ No | iviajor appliances, turniture | e, iliteris, criiria, kitcheriware | | | | |
| Ī | Yes. De | scribe | | | | | |
| | . 00. 20 | | | | | | |
| | | Househo | ld Goods, Debtor's Possession | | \$3,500.00 | | |
| | | | | | | | |
| ı | No | Televisions and radios; au including cell phones, can | idio, video, stereo, and digital equipment; computers, pr neras, media players, games | inters, scanners; music co | ollections; electronic devices | | |
| I | ☐ Yes. De | scribe | | | | | |
| _ | _ | | intings, prints, or other artwork; books, pictures, or other bilia, collectibles | r art objects; stamp, coin, | or baseball card collections; | | |
| _ | ■ No □ Yes. De | escribe | | | | | |
| _ | Examples: | for sports and hobbies Sports, photographic, exer musical instruments | rcise, and other hobby equipment; bicycles, pool tables, | golf clubs, skis; canoes a | and kayaks; carpentry tools; | | |
| | ■ No □ Yes. De | escribe | | | | | |
| 10. | Firearms Examples | :: Pistols, rifles, shotguns, a | ammunition, and related equipment | | | | |
| | No | | | | | | |
| [| 🛘 Yes. De | scribe | | | | | |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1 | Arlene Chrstlieb | Case number (if | known) |
|-----------------------|---|--|--|
| 11. Clothe Exam | | ats, designer wear, shoes, accessories | |
| | Describe | | |
| — 103. | | | **** |
| | Clothing, Debtor | 's Possession | \$300.00 |
| ■ No | ples: Everyday jewelry, costume jewelr | y, engagement rings, wedding rings, heirloom jewelry, watches, | gems, gold, silver |
| ⊔ Yes. | Describe | | |
| Exam ■ No | arm animals ples: Dogs, cats, birds, horses | | |
| ☐ Yes. | Describe | | |
| ■ No | ther personal and household items y Give specific information | ou did not already list, including any health aids you did no | t list |
| | | from Part 3, including any entries for pages you have attack | \$3,800.00 |
| Part 4: De | escribe Your Financial Assets | | |
| | wn or have any legal or equitable int | erest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | ples: Money you have in your wallet, in | your home, in a safe deposit box, and on hand when you file yo | ur petition |
| — 165. | | Cash | \$0.00 |
| | | Casii | |
| 17. Depos Exam | | cial accounts; certificates of deposit; shares in credit unions, brokecounts with the same institution, list each. | kerage houses, and other similar |
| _ | | Institution name: | |
| | 17.1. Checking | g Middlefield Bank | \$300.00 |
| | | | |
| | s, mutual funds, or publicly traded st ples: Bond funds, investment accounts | ocks with brokerage firms, money market accounts | |
| | Institution or | r issuer name: | |
| - | ublicly traded stock and interests in venture | incorporated and unincorporated businesses, including an | interest in an LLC, partnership, and |
| ■ No | | | |
| ☐ Yes. | Give specific information about them. Name of entity: | % of ownership | D: |
| Nego | tiable instruments include personal che | er negotiable and non-negotiable instruments cks, cashiers' checks, promissory notes, and money orders. annot transfer to someone by signing or delivering them. | |
| Official For | m 106A/B | Schedule A/B: Property | page 3 |

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Best Case Bankruptcy

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| De | btor 1 | Arlene Chrstl | ieb | | Case number (if know | vn) |
|-------|-------------------------|--|---|---|--|---|
| | ☐ Yes. (| Give specific infor | mation about them Issuer name: | | | |
| | Examp | nent or pension a bles: Interests in IR | | , 403(b), thrift savings account | s, or other pension or profit-shari | ng plans |
| | ■ No □ Yes. I | List each account | separately. Type of account: | Institution name: | | |
| | Your sl | | deposits you have made | so that you may continue serv tt, public utilities (electric, gas, | ice or use from a company water), telecommunications com | panies, or others |
| | ☐ Yes | | | Institution name or in | dividual: | |
| | Annuiti ■ No □ Yes | | a periodic payment of mo | ney to you, either for life or for | a number of years) | |
| 24. | Interest | s in an educatior | · | | under a qualified state tuition | program. |
| | ■ No □ Yes | Inst | titution name and descript | ion. Separately file the records | s of any interests.11 U.S.C. § 521 | (c): |
| | ■ No | • | , | (other than anything listed i | n line 1), and rights or powers o | exercisable for your benefit |
| | | · | rmation about them | | | |
| | | | | and other intellectual prope eeds from royalties and licens | | |
| | ☐ Yes. | Give specific info | rmation about them | | | |
| | | | nd other general intangil nits, exclusive licenses, co | | s, liquor licenses, professional lice | enses |
| | | Give specific info | rmation about them | | | |
| Mo | oney or p | property owed to | you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | unds owed to yo | ou | | | |
| | ■ No □ Yes. | Give specific infor | mation about them, includ | ling whether you already filed t | he returns and the tax years | |
| | Family Examp ■ No | support bles: Past due or lu | ump sum alimony, spousa | I support, child support, mainte | enance, divorce settlement, prope | erty settlement |
| | ☐ Yes. | Give specific infor | mation | | | |
| | | | | | pay, vacation pay, workers' com | pensation, Social Security |
| | | Give specific info | rmation | | | |
| | | ts in insurance p bles: Health, disabi | | Ith savings account (HSA); cre | dit, homeowner's, or renter's insu | ırance |
| | | Name the insuran | ce company of each policy | y and list its value. | Donoficie | Commandan an activist |
| Offi | cial Forn | n 106A/B | Company name: | Schedule A/B: Property | Beneficiary: | Surrender or refund page 4 |
| Softv | ware Copyri | ght (c) 1996-2019 Best | Case, LLC - www.bestcase.com | • | | Best Case Bankruptcy |

| Debtor 1 | Arlene Chrstlieb | Case number (if known) | |
|-------------------------|---|------------------------------|----------------------|
| | | | value: |
| If you a someo | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are ne has died. Give specific information | e currently entitled to rece | ive property because |
| Examp ■ No | against third parties, whether or not you have filed a lawsuit or made a demand les: Accidents, employment disputes, insurance claims, or rights to sue | d for payment | |
| ☐ Yes. | Describe each claim | | |
| 34. Other o | contingent and unliquidated claims of every nature, including counterclaims of | the debtor and rights to | set off claims |
| | Describe each claim | | |
| 35. Any fin ■ No | ancial assets you did not already list | | |
| | Give specific information | | |
| | he dollar value of all of your entries from Part 4, including any entries for pages | | \$300.00 |
| Part 5: Des | scribe Any Business-Related Property You Own or Have an Interest In. List any real estate | in Part 1. | |
| 37. Do you o | own or have any legal or equitable interest in any business-related property? | | |
| ■ No. Go | to Part 6. | | |
| ☐ Yes. G | to to line 38. | | |
| | scribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest I ou own or have an interest in farmland, list it in Part 1. | n. | |
| | own or have any legal or equitable interest in any farm- or commercial fishing- | related property? | |
| _ | Go to line 47. | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You Did Not List Above | | |
| _Examp | have other property of any kind you did not already list? es: Season tickets, country club membership | | |
| ■ No □ Yes. | Give specific information | | |
| 54. Add t | he dollar value of all of your entries from Part 7. Write that number here | | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Deb | | | | | |
|------|--|----|----------|------------------------------|-------------|
| Part | 8: List the Totals of Each Part of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$90,000.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$850.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$ | 3,800.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$300.00 | | |
| 59. | Part 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$ | 4,950.00 | Copy personal property total | \$4,950.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | | \$94,950.00 |

Official Form 106A/B Schedule A/B: Property page 6 Best Case Bankruptcy

| Fill in this information to identify your case: | | | | | |
|---|------------------------|-------------------|-----------|--|--|
| Debtor 1 | Arlene Chrstlieb | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Banl | kruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case number (if known) Check if this is an amended filing | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property | ' You Claim as Exempt |
|-------------------------------|-----------------------|
|-------------------------------|-----------------------|

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | |
|----|---|--|--|--|--|
| | ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | |
| | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | |
| | Daief description of the annual condition on Comment value of the Annual of the annual condition on Considiration that allows are stated as | | | | |

| | Schedule A/B that lists this property | portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | |
|--|--|-------------------------------------|-----|---|---|--|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | 225 College Street West Farmington, OH 44491 Trumbull County | \$90,000.00 | | \$145,425.00 | Ohio Rev. Code Ann. § 2329.66(A)(1) | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(1) | |
| | 2001 Chevrolet Cavalier Line from Schedule A/B: 3.1 | \$850.00 | | \$4,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(2) | |
| | Elife Holli Geriedale PVD. G.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(1.1)(2) | |
| | Household Goods, Debtor's Possession | \$3,500.00 | | \$3,500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Clothing, Debtor's Possession Line from Schedule A/B: 11.1 | | \$300.00 | | \$300.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Checking: Middlefield Bank Line from Schedule A/B: 17.1 | \$300.00 | | \$300.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) | |
| | Line noin concede 772. | | | 100% of fair market value, up to any applicable statutory limit | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

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| Je | btor 1 | Ariene Christileb | Case number (if known) | | |
|----|--|---|--------------------------------|--|--|
| 3. | • | ou claiming a homestead exemption of more than \$170,350? ect to adjustment on 4/01/22 and every 3 years after that for cases filed on or | after the date of adjustment.) | | |
| | | No | | | |
| | ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? | | | | |
| | | □ No | | | |
| | | ☐ Yes | | | |

| Fill in this information | tion to identify you | ır case: | | | | | | |
|--|---|--|--|--|---------------------------|---------------------|--|--|
| Debtor 1 | Arlene Chrstliel | 0 | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankı | ruptcy Court for the | NORTHERN DISTRICT OF C | OHIO | | | | | |
| | . , | | | | | | | |
| Case number | | | | | ☐ Check | if this is an | | |
| | | | | | _ | led filing | | |
| Official Form | 106D | | | | | | | |
| | | Who Have Claims | Secure | d by Propert | V | 12/15 | | |
| | | If two married people are filing toge | | | | tion. If more space | | |
| | | out, number the entries, and attach | | | | | | |
| 1. Do any creditors ha | ive claims secured b | y your property? | | | | | | |
| | • | his form to the court with your other | er schedules. Y | ou have nothing else t | o report on this form. | | | |
| Yes. Fill in al | Il of the information | below. | | 3 | • | | | |
| | Secured Claims | | | | | | | |
| - | | more than one secured claim, list the c | reditor separately | Column A | Column B | Column C | | |
| for each claim. If more | e than one creditor has | a particular claim, list the other creditor | a particular claim, list the other creditors in Part 2. As | | Value of collateral | Unsecured | | |
| | · | cal order according to the creditor's name. | | Do not deduct the value of collateral. | that supports this claim | portion If any | | |
| 2.1 Wells Fargo Mortgage | Home | Describe the property that secure | s the claim: | \$41,000.00 | \$90,000.00 | \$0.00 | | |
| Creditor's Name | | 225 College Street West | | | | | | |
| | | Farmington, OH 44491 Tru | ımbull | | | | | |
| D O D . 40 | 225 | As of the date you file, the claim is | S: Check all that | | | | | |
| P.O. Box 10 Des Moines | | apply. | | | | | | |
| : | ty, State & Zip Code | ☐ Contingent☐ Unliquidated | | | | | | |
| Number, Street, Or | ty, State & Zip Gode | ☐ Disputed | | | | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | | | |
| Debtor 1 only | | An agreement you made (such as mortgage or secured | | | | | | |
| Debtor 2 only | | car loan) | | | | | | |
| Debtor 1 and Debto | • | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | | |
| ☐ At least one of the ☐ Check if this claim | | ☐ Judgment lien from a lawsuit | Mortgage | | | | | |
| community debt | ii relates to a | Other (including a right to offset) | mor tgage | | | | | |
| | Assigned to | | | | | | | |
| | Trumbull | | 5500-4 | 1057 | | | | |
| Date debt was incurr | ed County | Last 4 digits of account nu | mber 5508;1 | 1957 | | | | |
| | | | | | | | | |
| Add the dollar value | e of vour entries in C | olumn A on this page. Write that nu | mber here: | \$41,00 | 00.00 | | | |
| If this is the last pa | ge of your form, add | the dollar value totals from all page | | \$41,00 | | | | |
| Write that number I | Write that number here: | | | | | | | |
| Part 2: List Other | rs to Be Notified fo | or a Debt That You Already Liste | łd | | | | | |
| trying to collect from than one creditor for | you for a debt you o any of the debts that | e notified about your bankruptcy fo we to someone else, list the credito t you listed in Part 1, list the addition | or in Part 1, and th | hen list the collection a | gency here. Similarly, if | you have more | | |
| debts in Part 1, do no | or an our or Submit tr | ιιο μα θε. | | | | | | |
| | r, Street, City, State & | Zip Code | On whice | ch line in Part 1 did you e | nter the creditor? 2.1 | | | |
| Manley, De P.O. Box 16 | as Kochalski | | | | | | | |
| | OH 43216-5028 | | ∟ast 4 c | digits of account number _ | _ | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

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| Debto | r 1 Arlene Chrs | tlieb | | Case number (if known) |
|-------|-----------------------------------|-------------|-----------|--|
| | First Name | Middle Name | Last Name | · |
| | Trumbull Count 161 High Street | | | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |
| | Warren OH 444 | | | East 1 digite of account hambol |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in | this inform | ation to identify your ca | ase: | | | | | |
|--|--|--|--|--|--|--|--|---|
| Debto | or 1 | Arlene Chrstlieb | | | | | | |
| | | First Name | Middle Na | ame | Last Name | | | |
| Debto | or 2 e if, filing) | First Name | Middle Na | ame | Last Name | | | |
| ` . | | kruptcy Court for the: | | N DISTRICT OF (| | | | |
| _ | | • • | | | | | | |
| (if know | number | | | _ | | | | heck if this is an |
| , | , | | | | | | | mended filing |
| Sch Be as d any ex Schedd Schedd | complete and ecutory contra ule G: Executo ule D: Credito | F: Creditors What accurate as possible. Use acts or unexpired leases the pry Contracts and Unexpires Who Have Claims Secur | Part 1 for creenat could resu ed Leases (Of red by Propert | ditors with PRIOR alt in a claim. Also fficial Form 106G) ty. If more space i | RITY claims and look list executory of a look look look look look look look lo | contracts on Schee any creditors with the Part you need, | dule A/B: Property (Offici partially secured claims fill it out, number the en | al Form 106A/B) and on that are listed in tries in the boxes on the |
| | and case num | inuation Page to this page ber (if known). of Your PRIORITY Uns | | | report in a Part, (| do not file that Par | t. On the top of any addit | ionai pages, write your |
| | | s have priority unsecured | | | | | | |
| | No. Go to Pa | rt 2. | - | | | | | |
| | Yes. | | | | | | | |
| Part 2 | 2: List All | of Your NONPRIORITY | Unsecured | Claims | | | | |
| 3. D | o any creditor | s have nonpriority unsecu | red claims ag | ainst you? | | | | |
| | No. You have | e nothing to report in this par | t. Submit this f | orm to the court wi | th your other sche | edules. | | |
| | Yes. | | | | | | | |
| ur th | nsecured claim | nonpriority unsecured clai , list the creditor separately t r holds a particular claim, list | for each claim. | For each claim list | ed, identify what t | type of claim it is. Do | o not list claims already inc | luded in Part 1. If more |
| | | | | | | | | Total claim |
| 4.1 | Chagrin | Vally Foot and Ankle | Spec | Last 4 digits of a | ccount number | 3198 | | \$221.00 |
| | | Creditor's Name ayfield Road, Suite 2 | | When was the de | ebt incurred? | 2017 | _ | |
| | | , OH 44024 eet City State Zip Code | | As of the date yo | u file, the claim | is: Check all that ap | pply | |
| | Who incur | red the debt? Check one. | | | | | | |
| | Debtor 1 | only | | ☐ Contingent | | | | |
| | Debtor 2 | 2 only | | ☐ Unliquidated | | | | |
| | _ | and Debtor 2 only | | Disputed | | | | |
| | | one of the debtors and anoth | | Type of NONPRIC | ORITY unsecure | d claim: | | |
| | ☐ Check i debt | f this claim is for a comm | unity | ☐ Student loans ☐ Obligations aris | sing out of a sens | ration agreement o | r divorce that you did not | |
| | | subject to offset? | | report as priority c | | adon agreement o | . arroroo mat you did flot | |
| | ■ No | | | Debts to pensi | on or profit-sharir | g plans, and other | similar debts | |
| | ☐ Yes | | | Other. Specify | Medical | | | _ |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 4

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39636

| Debto | r 1 Arlene Chrstlieb | | Case number (if known) | |
|-------|--|--|--|------------|
| 4.2 | ERC Nonpriority Creditor's Name | Last 4 digits of account number | 3556 | \$2,258.00 |
| | P.O. Box 23870 Jacksonville, FL 32241-3870 | When was the debt incurred? | 2019 | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaim: | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Collections | <u> </u> | |
| 4.3 | Frontline Asset Strategies Nonpriority Creditor's Name | Last 4 digits of account number | 3990 | \$618.00 |
| | 2700 Snelling Avenue N | When was the debt incurred? | 2018 | |
| | Suite 250 | | | |
| | Saint Paul, MN 55113 Number Street City State Zip Code | As of the date you file, the claim i | e. Chock all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | s. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Collections | - | |
| 4.4 | Montgomery Ward | Last 4 digits of account number | 5290 | \$195.00 |
| | Nonpriority Creditor's Name 1112 7th Avenue | When was the debt incurred? | 2018 | |
| | Monroe, WI 53566 | = | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | O continuent | | |
| | | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 4

| Debtor | 1 Arlene Chrstlieb | | Case number (if known) | |
|-------------------|--|--|--|------------------------|
| 4.5 | Ohio Outreach Lab | Last 4 digits of account number | | \$58.00 |
| | Nonpriority Creditor's Name P.O. Box 412158 | When was the debt incurred? | 2018 | |
| | Boston, MA 02241 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Medical | | |
| | l res | Other. Specify | | |
| 4.6 | Rushmore Service Center | Last 4 digits of account number | 7217 | \$474.00 |
| | Nonpriority Creditor's Name P.O. Box 5508 | When was the debt incurred? | 2019 | |
| | Sioux Falls, SD 57117-5508 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Yes | ■ Other Specify Collection | | |
| | | | | |
| 4.7 | Steward Medical Group Nonpriority Creditor's Name | Last 4 digits of account number | 5594 | \$12.00 |
| | Attn #21023W PO Box 14000 | When was the debt incurred? | 2018 | |
| | Belfast, ME 04915-4033 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-shari | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Medical | | |
| | _ 135 | - Other. Specify | | |
| Part 3: | List Others to Be Notified About a De | bt That You Already Listed | | |
| is tryi have ı | ng to collect from you for a debt you owe to so | omeone else, list the original creditor in tat you listed in Parts 1 or 2, list the add | you already listed in Parts 1 or 2. For example n Parts 1 or 2, then list the collection agency h itional creditors here. If you do not have addit | ere. Similarly, if you |
| | nd Address al Accounts | On which entry in Part 1 or Part 2 did you Line 4.1 of (<i>Check one</i>): | ulist the original creditor? Part 1: Creditors with Priority Unsecured Claims | 3 |
| | | | | |

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Official Form 106 E/F

Page 3 of 4
Best Case Bankruptcy

Schedule E/F: Creditors Who Have Unsecured Claims

| Debtor 1 Arlene Chrstlieb | _ | Case number (if known) | | | | |
|---|----------------------------------|---|--|--|--|--|
| P.O. Box 140065 Nashville, TN 37214 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| , | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part | 2 did you list the original creditor? | | | | |
| Credit One Bank | Line 4.3 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| P.O. Box 60500 City of Industry, CA 91716-0500 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| City of industry, CA 917 10-0300 | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part | 2 did you list the original creditor? | | | | |
| First Premier Bank | Line 4.6 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| 3820 N. Louise Avenue Sioux Falls, SD 57107-0145 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| 0.000.1 0.00, 02 07 107 0140 | Last 4 digits of account number | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 3,836.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 3,836.00 |

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|-------------------|-----------|-----------------------|
| Debtor 1 | Arlene Chrstlieb | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

| Fill in this | s information to identify your | case: | | | |
|---|--|--|--|--|--|
| Debtor 1 | Arlene Chrstlieb | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRIC | T OF OHIO | | |
| Case num (if known) | ber | | | | ☐ Check if this is an amended filing |
| Officia | l Form 106H | | | | |
| Sched | dule H: Your Cod | ebtors | | | 12/15 |
| people are fill it out, a your name | e filing together, both are equ | ally responsible for sup boxes on the left. Attac . Answer every questio | plying correct information the Additional Page to n. | ion. If more space is r o this page. On the to | rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write |
| | | , | , | | |
| ■ No □ Yes | | | | | |
| Arizor | thin the last 8 years, have you na, California, Idaho, Louisiana, . Go to line 3. s. Did your spouse, former spou | Nevada, New Mexico, P | uerto Rico, Texas, Washi | | |
| in line Form | e 2 again as a codebtor only i | f that person is a guara | ntor or cosigner. Make s | sure you have listed t | ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zl | P Code | | Column 2: The cre Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | Name Number Street | | | _ ☐ Schedule D, lir☐ Schedule E/F,☐ Schedule G, lir☐ | line |
| | City | State | ZIP Code | | |
| 3.2 | Name | | | ☐ Schedule D, lir☐ Schedule E/F,☐ Schedule G, lir | line |
| - | Number Street City | State | ZIP Code | _ | |

| Fill | in this information to | o identify your ca | se: | | | | | | | |
|--------------------|--|---------------------------------------|--|---|-----------------------|-----------------|--|-------------------------|-----------------------------------|-----------------|
| Del | btor 1 | Arlene Chrst | lieb | | | _ | | | | |
| | btor 2 buse, if filing) | | | | | _ | | | | |
| Uni | ited States Bankrupt | tcy Court for the: | NORTHERN DISTRIC | T OF OHIO | | _ | | | | |
| | se number nown) | | | | | | Check if this is: An amende A supplement | nt showin | ng postpetition ollowing date: | chapter |
| 0 | fficial Form | 1061 | | | | | MM / DD/ Y | | ollowing date. | |
| | chedule I: ` | | me | | | | ואוואו / די / אוואו | 111 | | 12/15 |
| sup spo atta | plying correct info use. If you are sep ch a separate shee | rmation. If you a arated and your | ble. If two married peo are married and not filin spouse is not filing wit on the top of any addition | ng jointly, and your s th you, do not includ | pouse is le inforn | s livi natio | ng with you, incluen about your spo | ude inforr use. If m | mation about ore space is | your needed, |
| 1. | Fill in your emplo | oyment | | Debtor 1 | | | Debtor 2 | or non-fi | iling spouse | |
| | If you have more t | | Employment status* | ■ Employed | | | ☐ Emplo | yed | | |
| | attach a separate information about | | Employment status | ☐ Not employed | | | ☐ Not e | mployed | | |
| | employers. | | Occupation | Stocker | | | | | | |
| | Include part-time, self-employed wo | | Employer's name | Walmart | | | | | | |
| | Occupation may in or homemaker, if | | Employer's address | | | | | | | |
| | | | How long employed th | <u>- , , </u> | chment | for . | Additional Emplo | yment Inf | formation | |
| Pai | rt 2: Give Det | ails About Mont | hly Income | | | | | | | |
| | mate monthly incouse unless you are s | | te you file this form. If y | ou have nothing to re | port for a | any I | ine, write \$0 in the | space. In | clude your nor | n-filing |
| lf yo | ou or your non-filing : e space, attach a se | spouse have more parate sheet to t | re than one employer, co his form. | mbine the information | for all e | mplo | yers for that perso | n on the li | ines below. If y | ou need |
| | | | | | | | For Debtor 1 | | ebtor 2 or ing spouse | |
| 2. | | | y, and commissions (be alculate what the monthly | | 2. | \$ | 2,058.00 | \$ | N/A | |
| 3. | Estimate and list | monthly overting | ne pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross l | Income. Add line | e 2 + line 3. | | 4. | \$ | 2,058.00 | \$ | N/A | |
| | | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 1

Official Form 106l Schedule I: Your Income page 2

13. Do you expect an increase or decrease within the year after you file this form?

Yes, Explain:

monthly income

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|-------------|--|
| Occupation | Crew Member | |
| Name of Employer | Burger King | |
| How long employed | 3 weeks | |
| Address of Employer | | |

Official Form 106l Schedule I: Your Income page 3

| | | | | | | Ī | | | | |
|----------------------|---|--|-------------------------------------|--|------------------------|-------------|-----------------|------------|--|----|
| Fill in | n this information to | o identify yo | our case: | | | | | | | |
| Debte | or 1 Ario | ene Chrst | lieb | | | Ch | eck if this is: | | | |
| | | | | | | | An amende | Ū | | |
| Debto | | | | | | | | | ing postpetition chapter he following date: | |
| (Spoi | use, if filing) | | | | | | rs expense | 5 a5 01 11 | ie following date. | |
| Unite | d States Bankruptcy | Court for the | : NORTH | IERN DISTRICT OF OHIO |) | | MM / DD / Y | /YYY | | |
| Case (If kn | numberown) | | | | | | | | | |
| Of | ficial Form | 106J | | | | l | | | | |
| Sc | hedule J: | Your | Exner | 1888 | | | | | 12/1 | 15 |
| Be a infoi num | is complete and a rmation. If more s iber (if known). A | ccurate as pace is ne nswer ever | possible eded, atta y questio | . If two married people a ch another sheet to this | | | | | | _ |
| Part 1. | 1: Describe Y Is this a joint cas | | enoia | | | | | | | _ |
| | ■ No. Go to line : □ Yes. Does Del | 2. | in a separ | ate household? | | | | | | |
| | □ No | | | al Form 106J-2, <i>Expense</i> s | s for Separate House | ehold of De | ebtor 2. | | | |
| 2. | Do you have dep | endents? | ■ No | | | | | | | |
| | Do not list Debtor Debtor 2. | 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati | | Depende age | ∍nt's | Does dependent live with you? | |
| | Do not state the | | | | | | | | □ No | |
| | dependents name | s. | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| 3. | Do your expense | s include | _ | | | | | | ☐ Yes | |
| 0. | expenses of peo yourself and you | ple other tl | han $_{f \Box}$ | No Yes | | | | | | |
| expe | mate your expens | ses as of yo | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a sup | | | | | | |
| the v | | | | government assistance sluded it on <i>Schedule I:</i> | | | Yo | our expe | nses | |
| - | , | | | | | | | | | |
| 4. | The rental or hor payments and any | | | ses for your residence. I r lot. | Include first mortgage | | \$ | | 624.00 | |
| | If not included in | line 4: | | | | | | | | |
| | 4a. Real estate | taxes | | | | 4a. | \$ | | 0.00 | |
| | 4b. Property, he | omeowner's | s, or renter | 's insurance | | 4b. | \$ | | 0.00 | |
| | 4c. Home main | tenance, re | pair, and ι | ıpkeep expenses | | 4c. | | | 100.00 | |
| _ | | | | dominium dues | | 4d. | \$ | | 0.00 | |
| h | Additional morta | IZAA NOVMA | ante tor vo | nur racidanca, cuch ac ba | ama aquity lagne | 5 | ~ | | 0.00 | |

| ebtor 1 | Arlene C | Chrstlieb | Case num | ber (if known) | |
|----------------|-------------------------------------|---|--------------|----------------|----------------------------|
| Util | ities: | | | | |
| . Otili 6a. | | , heat, natural gas | 6a. | \$ | 220.00 |
| 6b. | • | wer, garbage collection | 6b. | | 70.00 |
| 6c. | | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | |
| | • | | | * | 0.00 |
| 6d. | | · | 6d. | · . | 0.00 |
| | | ekeeping supplies | 7. | · | 200.00 |
| | | children's education costs | 8. | · · | 0.00 |
| | - | ry, and dry cleaning | 9. | \$ | 100.00 |
| . Per | sonal care p | products and services | 10. | \$ | 40.00 |
| . Med | dical and de | ntal expenses | 11. | \$ | 60.00 |
| | • | . Include gas, maintenance, bus or train fare. ar payments. | 12. | \$ | 150.00 |
| | | clubs, recreation, newspapers, magazines, and books | 13. | | 47.00 |
| | | ributions and religious donations | 14. | · - | 0.00 |
| | | indutions and rengious donations | 14. | Ψ | 0.00 |
| | urance. | acurance deducted from your pay or included in lines 4 or 20 | | | |
| | not include if i. Life insura | nsurance deducted from your pay or included in lines 4 or 20. | 15a. | \$ | 0.00 |
| | . Health ins | | 15a. 15b. | · · | 0.00 |
| | | | | · · | |
| | . Vehicle in | | 15c. | · | 130.00 |
| | | urance. Specify: | 15d. | \$ | 0.00 |
| _ | ces. Do not ir ecify: | aclude taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| | | ease payments: | | | |
| 17a | ı. Car paym | ents for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b | . Car paym | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c | . Other. Sp | ecify: | 17c. | \$ | 0.00 |
| | I. Other. Sp | · · · · · | 17d. | \$ | 0.00 |
| | | of alimony, maintenance, and support that you did not report as | | · | |
| | | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | | 19. | | |
| | · — | erty expenses not included in lines 4 or 5 of this form or on Sche | edule I: Yo | our Income. | |
| | | s on other property | 20a. | | 0.00 |
| | . Real estat | • • • | 20b. | \$ | 0.00 |
| | | homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | nce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | er's association or condominium dues | 20a. 20e. | · | |
| | | ici a association oi condominium dues | | | 0.00 |
| . Oth | er: Specify: | | 21. | +\$ | 0.00 |
| Cal | culate vour | monthly expenses | | | |
| | . Add lines 4 | , · · | | \$ | 1,741.00 |
| | | • | | \$ | 1,741.00 |
| | | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | I : | |
| | | a and 22b. The result is your monthly expenses. | | \$ | 1,741.00 |
| | - | monthly net income. | | | |
| | | 12 (your combined monthly income) from Schedule I. | 23a. | | 1,896.00 |
| 23b | . Copy you | monthly expenses from line 22c above. | 23b. | -\$ | 1,741.00 |
| 230 | Subtract v | rour monthly expenses from your monthly income. | | | |
| 200 | | is your monthly net income. | 23c. | \$ | 155.00 |
| For mod | example, do yo dification to the | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | | | e or decrease because of a |
| | | | | | |
| | Yes. | Explain here: | | | |

| Fill in this inform | mation to identify your | case: | | | | | | |
|---------------------|---|--------------------------|----------------------------|--|------------------------------------|--|--|--|
| Debtor 1 | Arlene Chrstlieb | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | | | |
| Case number | | | | | | | | |
| (if known) | | | | | Check if this is an amended filing | | | |
| Official Form | - | مدادة بالديادة | Dalataria Cal | | | | | |
| Declarat | ion About a | ın individuai | Debtor's Sch | nedules | 12/15 | | | |
| If two married pe | eople are filing together | , both are equally respo | nsible for supplying corre | ect information. | | | | |
| obtaining money | | n connection with a bank | | Making a false statement, co fines up to \$250,000, or impi | | | | |
| Sign | n Below | | | | | | | |
| Did you pa | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | |
| ■ No | | | | | | | | |
| ☐ Yes. N | Name of person | | | | tition Preparer's Notice, | | | |

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Arlene Chrstlieb
Arlene Chrstlieb
Signature of Debtor 1

Date June 4, 2019

X

Signature of Debtor 2

Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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| Fill in t | his inform | nation to identify you | r case: | | | | | |
|------------------------------------|---|---------------------------------|--|---|--|---|--|--|
| Debtor | | | | | | | | |
| Deptoi | ı | Arlene Chrstlieb | Middle Name | Last Name | | | | |
| Debtor | | E: AN | | | | | | |
| (Spouse if | t, tiling) | First Name | Middle Name | Last Name | | | | |
| United 9 | States Bar | kruptcy Court for the: | NORTHERN DISTRICT (| OF OHIO | | | | |
| Case nu (if known) | | | | | - | heck if this is an mended filing | | |
| State Be as co | ement omplete a tion. If m | nd accurate as poss | attach a separate sheet to | are filing together, both are | ankruptcy equally responsible for supply additional pages, write you | | | |
| Part 1: | <u>`</u> | , | arital Status and Where You | Lived Before | | | | |
| 1. Wh | at is your | current marital statu | is? | | | | | |
| □ | Married Not marr | ried | | | | | | |
| 2. Dui | ring the la | ıst 3 years, have you | lived anywhere other than | where you live now? | | | | |
| ■ □ De | | all of the places you l | ived in the last 3 years. Do no | ot include where you live now Debtor 2 Prior Ad | | Dates Debtor 2 | | |
| | | lived there | lived there | | lived there | | | |
| | | | | | ity property state or territory ico, Texas, Washington and W | | | |
| ■ | No Yes. Ma | ke sure you fill out <i>Scl</i> | hedule H: Your Codebtors (O | fficial Form 106H). | | | | |
| Part 2 | Explair | n the Sources of You | ır Income | | | | | |
| Fill | Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | | | | | | | |
| | No | | | | | | | |
| | Yes. Fill | in the details. | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |
| the date you filed for bankruptcy: | | | ■ Wages, commissions, bonuses, tips | \$10,854.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | |
|-----|--|--------------------|---------------------|----------------------|--------------------|--|--|--|
| | ■ No | | | | | | | |
| | Yes. List all payments to an insider. Insider's Name and Address | Dates of payment | Total amount | Amount you | Reason for | this payment | | |
| | motor o Name and Address | Dates of payment | paid | still owe | reason for | uno payment | | |
| 3. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi No | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an | | |
| | ☐ Yes. List all payments to an insider | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | |
| Por | t 4: Identify Legal Actions, Repossession | and Forcelegures | Para | | | | | |
| | List all such matters, including personal injury of modifications, and contract disputes. No Yes. Fill in the details. Case title Case number | Nature of the case | Court or agency | n suits, paternity a | ctions, suppor | · | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address | | | oreclosed, garnis | shed, attached | d, seized, or levied? Value of the property | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca No Yes. Fill in the details. Creditor Name and Address | | • | Date | action was | amounts from your Amount | | |
| 2. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an No Yes | | rty in the possess | taken | | efit of creditors, a | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | | | |
| 13. | Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600. | | with a total value | | | | | |
| | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and | Describe the gifts | | the g | s you gave ifts | Value | | |
| | Address: | | | | | | | |

Case number (if known)

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Official Form 107

Debtor 1 Arlene Chrstlieb

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

| 14. | Within 2 years before you filed for bankr | uptcy, d | id you give any gifts or contribution | s with a tota | I value of more than | \$600 to any charity? | | | |
|------------------------------|---|--|---|----------------|-----------------------------------|------------------------|--|--|--|
| | ■ No | | | | | | | | |
| | ☐ Yes. Fill in the details for each gift or contribution | | on. | | | | | | |
| | Gifts or contributions to charities that is more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | | Dates you contributed | Value | | | |
| Pai | t 6: List Certain Losses | | | | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Describe the property you lost and | Describ | oe any insurance coverage for the lo | oss | Date of your | Value of property | | | |
| | how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | | | | loss | lost | | | |
| Pai | t 7: List Certain Payments or Transfers | s | | | | | | | |
| 16. | | | | behalf pay o | r transfer any prope | rty to anyone you | | | |
| | consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition p | | | vices required | I in your bankruptcy. | | | | |
| | □ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid | | Description and value of any prop | ortv | Date payment | Amount of | | | |
| | Address | | transferred | City | or transfer was | payment | | | |
| | Email or website address Person Who Made the Payment, if Not You | | | | made | | | | |
| | Rauser & Associates | | Attorney Fees | | 6/2019 | \$500.00 | | | |
| | 26 Market Street, Suite 1001 | | | | | | | | |
| | Youngstown, OH 44503 | | | | | | | | |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment | | | |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. | | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | any property or received or debts | Date transfer was made | | | |
| Person's relationship to you | | | paid in e | | change | | | | |

Case number (if known)

Official Form 107

Debtor 1 Arlene Chrstlieb

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Arlene Chrstlieb Case number (if known)

| 19. | Nithin 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a peneficiary? (These are often called asset-protection devices.) No | | | | | | | |
|--|--|--|---------------------------------------|---|--------------------------|---|--|--|
| | Yes. Fill in the details. | | | | | | | |
| | Name of trust | Description and | value of the prop | perty trans | ferred | Date Transfer was made | | |
| Par | List of Certain Financial Accounts, Insti | ruments, Safe Depos | sit Boxes, and St | orage Unit | s | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution and | Type of account number instrument | | unt or Date account was closed, sold, moved, or transferred | | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed fo | or bankruptcy, ar | ny safe dep | oosit box or other depos | itory for securities, | | |
| | NoYes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe the contents | | Do you still have it? | | |
| 22. | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? | to it? Address (Number, Street, City, | | the contents | Do you still have it? | | |
| Par | Identify Property You Hold or Control fo | or Someone Else | | | | | | |
| 23. | Do you hold or control any property that som for someone. | eone else owns? Inc | lude any proper | ty you borr | owed from, are storing f | or, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | | (Number, Street, City, State and ZIP | | the property | Value | | |
| Par | 10: Give Details About Environmental Inform | mation | | | | | | |
| For the purpose of Part 10, the following definitions apply: | | | | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including dispos | as defined under any | | aw, wheth | er you now own, operate | e, or utilize it or used | | |
| | Hazardous material means anything an environment hazardous material, pollutant, contaminant, o | | s as a hazardous | waste, ha | zardous substance, toxid | c substance, | | |
| Rep | Report all notices, releases, and proceedings that you know about, regardless of when they occurred. | | | | | | | |

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Debtor 1 Arlene Chrstlieb Case number (if known)

| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | |
|-----|---|---|---|--|---------------------|--|--|--|--|
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Hav | re you notified any governmental unit of | f any release of hazardous material? | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Hav | e you been a party in any judicial or ad | ministrative proceeding under any envi | ronmental law? Include settlement | s and orders. | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Pai | t 11: | Give Details About Your Business or | Connections to Any Business | | | | | | |
| 27. | Wit | hin 4 years before you filed for bankrup | tcy, did you own a business or have an | y of the following connections to a | ny business? | | | | |
| | | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | | _ | • | | | | | | |
| | | An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | | No. None of the above applies. Go to Part 12. | | | | | | | |
| | | Yes. Check all that apply above and fil | I in the details below for each business | s. | | | | | |
| | Ad | siness Name dress mber, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification numl Do not include Social Securi | | | | | |
| | | | Dates business existed | | | | | | |
| 28. | | hin 2 years before you filed for bankrup itutions, creditors, or other parties. | tcy, did you give a financial statement t | o anyone about your business? In | clude all financial | | | | |
| | | No Yes. Fill in the details below. | | | | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | | |
| | | | | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| ((if known) |
|---|
| |
| nder penalty of perjury that the answers noney or property by fraud in connection th. |
| |
| |
| |
| kruptcy (Official Form 107)? |
| |
| |
| 4 |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill in this information to identify your case: | | | | | | |
|---|---|--|--|--|--|--|
| Debtor 1 | Arlene Chrstlieb | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | |
| United States B | United States Bankruptcy Court for the: Northern District of Ohio | | | | | |
| Case number (if known) | | | | | | |
| | | | | | | |

| Check | Check as directed in lines 17 and 21: | | | | | |
|---|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | |
| 1. Disposable income is not determined 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 3. The commitment period is 3 years. | | | | | |
| | 4. The commitment period is 5 years. | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part | 1: | Calculate Your Average Monthly Income | | | | | | | |
|-----------|--|--|----------------------------------|-------------------|-----------------------------------|----------------|----------|--|--|
| 1. | 1. What is your marital and filing status? Check one only. | | | | | | | | |
| | ■ No | ot married. Fill out Column A, lines 2-11. | | | | | | | |
| | □Ма | arried. Fill out both Columns A and B, lines 2-11. | | | | | | | |
| | | | | | | | | | |
| 10 the | Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. | | | | | | | | |
| | | | | | | Colur Debte | | Column B Debtor 2 or non-filing spouse | |
| 2. | | gross wages, salary, tips, bonuses, overtime Il deductions). | , and con | nmissi | ons (before all | \$ | 2,058.00 | \$ | |
| 3. | | ony and maintenance payments. Do not include nn B is filled in. | e paymen | ts from | a spouse if | \$ | 0.00 | \$ | |
| 4. | of your | nounts from any source which are regularly puor your dependents, including child supportan unmarried partner, members of your householoommates. Do not include payments from a spousted on line 3. | t. Include ld, your de | regula: epende | r contributions ents, parents, | \$ | 0.00 | \$ | |
| 5. | | ncome from operating a business, ssion, or farm | Debtor 1 | | | | | | |
| | Gross | receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordin | ary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net m | nonthly income from a business, profession, or fa | rm \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |
| 6. | Net ir | ncome from rental and other real property | Debtor 1 | | | | | | |
| | Gross | receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordin | ary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net m | nonthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 1

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Best Case Bankruptcy

| | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
|------|--|---------------|-------------------|----------|-----------------------------------|--------------|------------|
| 7. | Interest, dividends, and royalties | | \$ | 0.00 | \$ | | |
| 8. | Unemployment compensation | | \$ | 0.00 | \$ | | |
| | Do not enter the amount if you contend that the amount received was a benefite Social Security Act. Instead, list it here: | efit under | | | | | |
| | For you \$ C | 0.00 | | | | | |
| | For your spouse \$ | | | | | | |
| | Pension or retirement income. Do not include any amount received that we benefit under the Social Security Act. | | \$ | 0.00 | \$ | | |
| 10. | Income from all other sources not listed above. Specify the source and a Do not include any benefits received under the Social Security Act or payme received as a victim of a war crime, a crime against humanity, or internation domestic terrorism. If necessary, list other sources on a separate page and total below. | ents al or | 0 | | 0 | | |
| | | | \$ | 0.00 | \$ | | |
| | Total amounts from accounts many if any | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | + | \$ | 0.00 | \$ | | |
| 11. | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$ | 2,058.00 | + | | = \$2 | 2,058.00 |
| | | | | J L | | | average |
| Part | 2: Determine How to Measure Your Deductions from Income | | | | | mont | hly income |
| | | | | | | | |
| 12. | Copy your total average monthly income from line 11. | | | | | \$ | 2,058.00 |
| 13. | Calculate the marital adjustment. Check one: | | | | | | |
| | You are not married. Fill in 0 below. | | | | | | |
| | You are married and your spouse is filing with you. Fill in 0 below. | | | | | | |
| | You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NO | OT regula | arly paid for th | e househ | old evnences | of you or y | /OUT |
| | dependents, such as payment of the spouse's tax liability or the spouse | | | | | | |
| | Below, specify the basis for excluding this income and the amount of in adjustments on a separate page. | come dev | voted to each | purpose. | If necessary, | list additio | nal |
| | If this adjustment does not apply, enter 0 below. | _ | | | | | |
| | | - \$ <u> </u> | | _ | | | |
| | | _ Գ— | | _ | | | |
| | Total | _ +\$ | 0.00 | | | | 0.00 |
| | Total | \$ | 0.00 | Col | oy here=> | | 0.00 |
| 14. | Your current monthly income. Subtract line 13 from line 12. | | | | | \$ | 2,058.00 |
| 15. | 45a Casulina 44 hara s | | | | | \$ | 2,058.00 |
| | 15a. Copy line 14 here=> | | | | | Φ | <u>·</u> |
| | Multiply line 15a by 12 (the number of months in a year). | | | | | x 12 | 2 |
| | 15b. The result is your current monthly income for the year for this part of | the form. | | | | \$\$ | 4,696.00 |
| | | | | | | | - |

| Debtor 1 | Arl | ene Chrstlieb | | Case number (if known) | | |
|----------------|---------------|---|--------------------------|--|----------------------|------------------|
| 16. C a | alculat | e the median family income that applies to | you. Follow these ster | os: | | |
| 16 | a. Fill | in the state in which you live. | ОН | | | |
| 16 | b. Fill | in the number of people in your household. | 1 | | | |
| 16 | c. Fill | in the median family income for your state and | size of household. | | \$ | 49,624.00 |
| | | find a list of applicable median income amount | | | Ψ | |
| 17. H c | | ructions for this form. This list may also be ava the lines compare? | hable at the bankrupto | у сіетк в опісе. | | |
| 17 | a. | Line 15b is less than or equal to line 16c. 0 | On the top of page 1 o | f this form, check box 1, <i>Disposable ir</i> | ncome is not | determined under |
| | | 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | | | | |
| 17 | b. Г | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a | ulation of Your Dispo | | | |
| Part 3: | С | alculate Your Commitment Period Under 11 | U.S.C. § 1325(b)(4) | | | |
| 18. C c | ру уо | ur total average monthly income from line | 1. | | \$ | 2,058.00 |
| СО | ntend | the marital adjustment if it applies. If you are that calculating the commitment period under income, copy the amount from line 13. | e married, your spouse | is not filing with you, and you | · <u></u> | · · · |
| 19 | a. If th | e marital adjustment does not apply, fill in 0 on | line 19a. | | -\$ | 0.00 |
| 19 | b. Suk | otract line 19a from line 18. | | | \$ | 2,058.00 |
| 20. C a | alculat | e your current monthly income for the year | . Follow these steps: | | | |
| 20 | a. Cop | by line 19b | | | \$_ | 2,058.00 |
| | Mul | tiply by 12 (the number of months in a year). | | | х | : 12 |
| | | | | | | |
| 20 | b. The | result is your current monthly income for the y | ear for this part of the | form | \$ | 24,696.00 |
| | | | | | | |
| 20 | c. Cop | by the median family income for your state and | size of household from | n line 16c | \$ | 49,624.00 |
| 21 | . Ho | w do the lines compare? | | | | |
| | • | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4. | se ordered by the cou | rt, on the top of page 1 of this form, cl | neck box 3, <i>T</i> | he commitment |
| | | Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4. | nless otherwise ordere | d by the court, on the top of page 1 of | fthis form, ch | eck box 4, The |
| Part 4: | S | ign Below | | | | |
| Ву | signir | ng here, under penalty of perjury I declare that | the information on this | statement and in any attachments is | true and corr | ect. |
| X /: | s/ Arl | ene Chrstlieb | | | | |
| P | rlene | e Chrstlieb re of Debtor 1 | | | | |
| | • | ine 4, 2019 | | | | |
| | MI | M/DD/YYYY | | | | |
| lf y | ou ch | ecked 17a, do NOT fill out or file Form 122C-2 | | | | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 3

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Best Case Bankruptcy

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | er 7: | Liquidation |
|----------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | ¢310 | total foo |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankru

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

| In re Arlene Chrstlieb DISCLOSURE OF COMPE | 6(b), I certify that I am the attorning of the petition in bankruptcy | | 13 | |
|--|---|--|-----------------------|--------------------|
| DISCLOSURE OF COMPE | NSATION OF ATTO 6(b), I certify that I am the attoring of the petition in bankruptcy | RNEY FOR D | EBTOR(S) | |
| DISCLOSURE OF COMPE | 6(b), I certify that I am the attorning of the petition in bankruptcy | | EBTOR(S) | |
| | ng of the petition in bankruptcy | 6 1 1 | , , | |
| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the fili be rendered on behalf of the debtor(s) in contemplation | of of in connection with the ba | y, or agreed to be pai | d to me, for service | |
| For legal services, I have agreed to accept | | \$ | 4,000.00 | |
| Prior to the filing of this statement I have received | | | 500.00 | |
| Balance Due | | \$ | 3,500.00 | |
| 2. The source of the compensation paid to me was: | | | | |
| ■ Debtor □ Other (specify): | | | | |
| 3. The source of compensation to be paid to me is: | | | | |
| ■ Debtor □ Other (specify): | | | | |
| 4. I have not agreed to share the above-disclosed compared to share th | pensation with any other person | n unless they are me | mbers and associate | es of my law firm. |
| ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | ny law firm. A |
| 5. In return for the above-disclosed fee, I have agreed to r | ender legal service for all aspe | cts of the bankruptcy | case, including: | |
| a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on home | tement of affairs and plan which fors and confirmation hearing, a reduce to market value; ex ons as needed; preparatio | ch may be required; and any adjourned he kemption planning | earings thereof; | nd filing of |
| 6. By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding. | | | ces, relief from s | stay actions or |
| | CERTIFICATION | | | |
| I certify that the foregoing is a complete statement of an this bankruptcy proceeding. | ny agreement or arrangement for | or payment to me for | representation of the | he debtor(s) in |
| June 4, 2019 | /s/ Eric J Ashma | an | | |
| Date | Eric J Ashman Signature of Attorn Rauser & Assoc 26 Market Street Youngstan, O | ciates t, Suite 1001 H 44503 | | |
| | Name of law firm | ax: 330-746-7433 | | |

United States Bankruptcy Court Northern District of Ohio

| In re | Arlene Chrstlieb | | Case No. | |
|--------|---------------------------------|--|------------------|-----------------------|
| | | Debtor(s) | Chapter | 13 |
| | VE | RIFICATION OF CREDITOR M | IATRIX | |
| The ab | ove-named Debtor hereby verific | es that the attached list of creditors is true and cor | rect to the best | of his/her knowledge. |
| Date: | June 4, 2019 | /s/ Arlene Chrstlieb | | |
| | | Arlene Chrstlieb | | |
| | | Signature of Debtor | | |

Capital Accounts P.O. Box 140065 Nashville, TN 37214

Chagrin Vally Foot and Ankle Spec 11850 Mayfield Road, Suite 2 Chardon, OH 44024

Credit One Bank
P.O. Box 60500
City of Industry, CA 91716-0500

ERC
P.O. Box 23870
Jacksonville, FL 32241-3870

First Premier Bank 3820 N. Louise Avenue Sioux Falls, SD 57107-0145

Frontline Asset Strategies 2700 Snelling Avenue N Suite 250 Saint Paul, MN 55113

Manley, Deas Kochalski P.O. Box 165028 Columbus, OH 43216-5028

Montgomery Ward 1112 7th Avenue Monroe, WI 53566

Ohio Outreach Lab P.O. Box 412158 Boston, MA 02241

Rushmore Service Center P.O. Box 5508 Sioux Falls, SD 57117-5508

Steward Medical Group Attn #21023W PO Box 14000 Belfast, ME 04915-4033 Trumbull County Clerk of Courts 161 High Street NW Warren, OH 44481

Wells Fargo Home Mortgage P.O. Box 10335 Des Moines, IA 50306